

**GENERAL SERVICES ADMINISTRATION  
MOTOR VEHICLE ACCIDENT REPORTING KIT**

**IN CASE OF ACCIDENT**

1. Stop immediately.
2. Take steps to prevent another accident at the scene.
3. Call a doctor or ambulance if necessary.
4. Notify police.
5. **DO NOT** sign any paper or make any statement as to who was at fault (except to your supervisor or to a Federal Government investigator.)
6. Get name and address of each witness. Ask the witness to complete Standard form 94, Statement of Witness, contained in this envelope.
7. State your name, address, place of employment, name of your supervisor, and upon request, show your operator's permit and vehicle registration card. *(NOTE: Only government-owned or leased vehicles registered in the District of Columbia or displaying state tags have registration cards.)*
8. Complete Standard Form 91, Motor Vehicle Accident Report (or report no form required by your agency at the scene. If conditions prevent this, make notes of the following:
  - a. Registration information for other vehicle(s) (owner's name, tag number and state serial number, and vehicle description);
  - b. Information on other drive (name, address, operator's permit number, and expiration date);
  - c. Name and address of each person involved and extent of injury, if any;
  - d. Name and address of company insuring other vehicle(s) and insurance policy number, and;
  - e. General information such as location, time measurements, weather, damage, etc.
9. As soon as possible, notify your supervisor and the manager of the Fleet Management Center listed on the front cover of the Vehicle Operator's Manual.
10. If the vehicle is unsafe to operate, call the Fleet Management Center or Maintenance Control Center for instructions. If you are unable to contact the Fleet Management Center or Maintenance Control Center due to accident occurring after normal duty hours or on holiday, have the vehicle towed to the nearest repair shop or service station. The Fleet Management Center must be notified concerning the vehicle's location as soon as possible.
11. Submit all reports and data to your supervisor within one working day.
12. Injuries should be processed through your agency personnel office using a CA-1 form.

**NOTE: If you are injured, have the policy notify your supervisor who will assume your responsibilities for reporting the accident.**

*(See list of contents on reverse)*

**GSA FORM 1627** (REV. 5-1994)  
Prescribed by FSS P 5600.8

To be opened ONLY in case of accident.

## **CONTENTS**

1. SF 91, MOTOR VEHICLE ACCIDENT REPORT  
(1 copy)
2. SF 94, STATEMENT OF WITNESS  
(2 copies)

### **PROOF OF INSURANCE FOR OPERATORS OF GSA OWNED VEHICLES**

This constitutes your "Proof of Insurance" and should be carried in your vehicle at all times. The U.S. government is self-insured. No insurance identification number is required.

Claims against the U.S. Government resulting from the operation of a Government vehicle should be directed to the agency employing the driver of the vehicle, not GSA. Claims against other parties for damage to GSA vehicles will be processed by GSA. Drivers are responsible for obtaining the correct insurance information for processing such claims against other responsible parties.